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23510 7590 10 08 2004

MICHAEL BEST & FRIEDRICH, LLP
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P O BOX 1806

12/22/2004 WSPHAE 00000117 10081097
 01 FC:8301 700.00 CP
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Sally Sorensen

(Depositor's name)

Sally Sorensen

(Signature)

December 22, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/081,097	02/21/2002	Kevin J. Rozeboom	066379-9001	2833

TITLE OF INVENTION: COMPOSITIONS COMPRISING REPRODUCTIVE CELL MEDIA AND METHODS FOR USING SUCH COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$85 \$700	\$300	\$85 \$1,000	01/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
AFREMOVA, VERA	1651	435-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael Best &

2. Friedrich LLP

Jeffrey S. Ward

3. Wendy M. Seffroed

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minitube of America

Verona, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0842 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Wendy M. Seffroed

Date

December 22, 2004

Typed or printed name

Wendy M. Seffroed

Registration No.

52,205

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